

nated by said person in writing, and to allow copies of said records to be made, provided said inspection shall be made during reasonable business hours, and provided further that at the time of said inspection there shall be either pending or contemplated, litigation in which said records will, in the opinion of said attorney, be helpful to the cause of his client.

"Sec. 2. Violation of this section shall constitute a misdemeanor."

* * *

Nursing Survey.—Senate Bill 417, introduced by Senator Thomas McCormack of Solano County, is "*An Act authorizing a nursing survey to be made by the University of California, defining the powers and duties of the State Director of Finance in relation thereto, and making an appropriation therefor.*"

The measure would authorize the expenditure of not more than \$15,000 from the moneys that have been accumulating through license fees in the Nurses Registration Fund

"... to defray the expenses of making a survey of nursing conditions in the State of California, including the preparation and calculation of all data and facts concerning the education, training and employment of nurses, and the administration of the teaching of students preparing for nursing and public health service."

If the various nursing organizations in the State are willing that such a survey be made, it would seem that no objection should be raised.

* * *

The Heavy Responsibility of the Council and the Committee on Public Policy and Legislation.—From what has been here written concerning a few of the many public health measures (on every one of which the Council of the California Medical Association must go on record as being either in favor of, against, or simply neutral) it becomes evident that much work will yet come before the profession up to the time the present (fifty-first) California Legislature adjourns (probably some time in May).

Meanwhile the interests of organized and scientific medicine will be under the constant supervision of the California Medical Association Committee on Public Policy and Legislation, the names of whose members may be found in the directory on page 2 of each issue of this official journal. If that committee, therefore, should call on members of the Association for aid, it is to be hoped that they will whole-heartedly give of their generous support, such as the committee's labors and important responsibilities at all times warrant.

SERA AND MEDICAL RELIEF

Los Angeles County Medical Association Announces a Working Plan with the SERA.—On page 227 of this issue of CALIFORNIA AND WESTERN MEDICINE is reprinted the announcement, recently sent to its members by the Los Angeles County Medical Association, concerning the arrangements which have been made with the officials of the State Emergency Relief Administration (SERA) to cover the medical care of the unemployed.

It is most gratifying to learn that in a large metropolitan center of California it was finally possible to come to some kind of working agree-

ment with the federal and state authorities who had in hand the relief of the unemployed. In one or two of the California counties having lesser populations, arrangements to compensate physicians for medical relief work rendered to the unemployed have been in operation for some months. In Los Angeles County, on several occasions in the past, the Los Angeles County Medical Association was prepared to put into operation plans that had been submitted, and that would have been satisfactory, but each time precipitate and unforeseen changes in the ever-shifting lay personnel of the federal and state emergency relief administrations brought the conferences and agreements to naught.

* * *

Medical Relief Is a Basic Need.—In some states of the Union more or less satisfactory county arrangements have been in operation for a year or more. No legitimate reason can be brought forward against adding, to the other basic needs of food, clothing and shelter, that of medical relief to safeguard the health and lives of unemployed citizens. Nor can any sound argument be advanced or reasons be given why members of the medical profession should not be paid moderate fees for services so rendered, just as are their lay fellow citizens from whom the federal, state, and local governments purchase shelter, food and clothing for such unemployed persons.

* * *

Other Component County Societies Should Do Likewise.—It is hoped that this coöperative effort on the part of a component county society of the California Medical Association, to offer its services and to act as the intermediate medical agent through which the services of all licensed physicians and surgeons who wish to participate in the relief work may be placed at the disposal of the local relief administration, will lead other county units to also work for similar agreements. As the plan stands, it is not limited to members of the county society, but is open to all licensed physicians and surgeons of reputable character.

The officers of the Los Angeles County Medical Association are to be congratulated on having brought to reality this agreement by means of which governmental and local agencies work hand in hand in medical relief for the unemployed. One additional thought: If the Los Angeles County Medical Association was able to successfully negotiate the difficulties involved in bringing its working agreement to a happy consummation, why should not all other component county medical societies in California initiate steps to bring about the adoption of similar agreements for their respective members?

* * *

Plan Keeps Medical Matters Under Control of the Medical Profession.—One of the strong advantages of the Los Angeles plan is that it places the medical supervision and detailed professional work entirely in the hands of physicians, the governmental agencies looking to the county medical society to safeguard in proper manner the

joint interests of the State, the unemployed, and the medical profession. Also, it is an admirable way of trying out and learning to what extent the medical profession can give medical relief to low- or no-bracket income citizens, without the intervention of lay bureaucrats to tell physicians how they must perform their medical work. Whatever disciplinary supervision may be needed on matters medical, from the standpoints of both scientific and economic medicine, will be handled, not by lay supervisors, but by subcommittees of medical men appointed by the Los Angeles County Medical Association.

EDITORIAL COMMENT*

THYROID THERAPY AND SCARS

The occurrence of hypertrophied scars and keloidal growths of the skin is of interest in all branches of medicine. The causation has been as obscure as the factors associated with the etiology of cancer.

Necessarily some trauma to the skin forms the background for the scar. The character of the resultant healing is a matter somewhat of conjecture. Previous perfect healing is of uncertain favorable prognostic value. A keloidal personal history, however, is markedly unfavorable, and a familial keloidal history is likely to prove an hereditary tendency. Pathologic examination of hypertrophied scar and keloidal tissue has disclosed little or no tangible difference from ordinary scar tissue.

Healing, *per se*, is of course influenced by the causative trauma, inflammation, infection, tension, suture material, antiseptics, pressure, etc. However, none of these have been found uniformly as the cause of permanent hypertrophied scar and keloidal involvement.

In June, 1933, in a paper read before the American Medical Association, the writer called attention to the interesting returns of a large number of minus basal metabolic readings in patients with hypertrophied scars and keloids. The fact that these patients improve with thyroid therapy has been a consolation to the surgeon. It is to be understood, however, that we have not reached Ehrlich's dream of a single dose of medicine correcting a condition at once, or anything like it.

A large percentage of our reconstructive plastic surgery cases with hypertrophied scars and keloids have benefited materially with one or two grains of thyroid substance, *per orem*, daily. Improvement is noticed within thirty to sixty days, but the medication may have to be carried on for an indefinite period. It is to be noted, in this type of patients who scar badly, that the glandular therapy also causes a marked improvement in the general physical and mental condition.

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

The basal metabolic rate offers perhaps the only easy method of determining functional glandular measurement in a patient, and clinical symptoms and observations evaluate the glandular status in others.

The consensus of medical opinion seems to be that the ductless glands are more or less dependent on one another. In calling attention to thyroid insufficiency as a factor in poor skin healing, we must think, then, of the possibility of poor healing in all subglandular cases. Skin healing may also offer a picture of internal healing following trauma. The earlier this type of patient is recognized before surgery and treatment are instituted, the better our results will be.

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TREATMENT OF MALIGNANT MELANOMAS

When one thinks of malignant melanomas, he is apt to look upon the victim as being doomed. Indeed, the five-year end results from a surgical standpoint are so depressing that such an attitude is probably justifiable. Thus, Broders and McCarty reported seventy cases in 1916, of which patients only 5.2 per cent lived for from four to eight years after surgical excision. Bloodgood reported 200 cases treated by surgery and the cautery, and only one lived five years. McCain saw six cases, and two lived five years after radiation alone. In a recent issue of *Acta Radiologica*,[†] Scharngel of New York City, who was studying at Radium Hammet in Stockholm, reports on eighty-one patients seen at that institution from January, 1921, to July, 1930. Here a technique of combined electrosurgery and radiation, either by radium or x-ray, has been evolved, which has resulted in a remarkably high percentage of five-year cures. Of the eighty-one patients seen, only seventy were actually treated; but by the technique they had evolved, 38.7 per cent were living over five years. Thirty-six of these patients had metastasis—nine living for three years, and four for five years. In view of these results, an extremely pessimistic viewpoint is not justifiable. Melanomas are very malignant, but by a combined electrosurgical and radiological technique many patients have almost a 40 per cent chance of a five-year survival.

These figures are very impressive, but represent a method of treatment which must be carried out with precision to accomplish such results. The electrosurgery is thorough, and the radiation therapy is pushed to the limit of tissue tolerance. The possession and use of a surgical diathermy unit and a fifty-milligram tube of radium in this condition is not enough; it requires experience in management and the use of massive amounts of radium up to two or three grams to accomplish the best results and to insure complete eradication and permanency of cure.

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[†]Treatment of malignant melanomas of the skin and vulva. *Acta Radiologica*, Vol. XIV, No. 81, p. 473.